



Dispute Resolution Services Worldwide

Please visit our website at www.adr.org if you would like to file this case online.

SUBMISSION TO DISPUTE RESOLUTION

AAA Customer Service can be reached at 800-778-7879

The named parties hereby submit the following dispute for resolution, under the rules of the American Arbitration Association.					
To be completed and signed by all parties (attach additional sheets if necessary).					
Rules Selected: <input type="checkbox"/> Commercial <input type="checkbox"/> Construction <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Other (please specify) _____					
Procedure Selected: <input checked="" type="checkbox"/> Binding Arbitration <input type="checkbox"/> Mediation <input type="checkbox"/> Other (please specify) _____					
NATURE OF DISPUTE: The Defendants breached a contract against me. I seek \$5,000,000,000,000.00 in damages.					
Dollar Amount of Claim: \$5,000,000,000,000			Other Relief Sought: <input type="checkbox"/> Attorneys Fees <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Arbitration Costs <input type="checkbox"/> Punitive/ Exemplary <input type="checkbox"/> Other _____		
PLEASE DESCRIBE APPROPRIATE QUALIFICATIONS FOR ARBITRATOR(S) TO BE APPOINTED TO HEAR THIS DISPUTE: Someone who is well versed in contract law.					
Amount Enclosed \$ 65,000.00 In accordance with Fee Schedule: <input type="checkbox"/> Flexible Fee Schedule <input checked="" type="checkbox"/> Standard Fee Schedule					
HEARING LOCALE REQUESTED: <u>Dallas, TX</u>			Estimated time needed for hearings overall: _____ hours or <u>1.00</u> days		
We agree that, if arbitration is selected, we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.					
Name of Party David A. Stebbins			Name of Party State of Texas		
Address: 1407 N Spring Rd, APT #5			Address: PO Box 12548		
City: Harrison	State AR	Zip Code 72601	City: Austin	State TX	Zip Code 78711
Phone No. 870-204-6024		Fax No.	Phone No. (512) 463-2100		Fax No. (512) 475-2994
Email Address: stebbinsd@yahoo.com			Email Address: greg.abott@aog.state.tx.us		
Signature (required): <i>David A. Stebbins</i>		Date: Aug. 11, 2011	Signature (required):		Date:
Name of Representative: not applicable			Name of Representative:		
Name of Firm (if applicable) not applicable			Name of Firm (if applicable)		
Address (to be used in connection with this case) 1407 N Spring Rd, APT #5			Address (to be used in connection with this case)		
City: Harrison	State AR	Zip Code 72601	City:	State	Zip Code
Phone No. 870-204-6024		Fax No.	Phone No.		Fax No.
Email Address: stebbinsd@yahoo.com			Email Address:		
To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100 Voorhees, NJ 08043. Send the original Demand to the Respondent.					